

SERFF Tracking Number: LBRM-127309917 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number:
Company Tracking Number: 2011-AR-HOME-R-1295
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners (AFC/OC/WA)
Project Name/Number: AR AFC/OC/WA HOM 10/2011 Rate Revision/2011-AR-HOME-R-1295

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

Product Name: Homeowners (AFC/OC/WA) SERFF Tr Num: LBRM-127309917 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed-Filed State Tr Num:
Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: 2011-AR-HOME-R- State Status:
Combinations 1295
Filing Type: Rate Reviewer(s): Becky Harrington,
Nancy Horton
Author: Melanie Bassler Disposition Date: 08/24/2011
Date Submitted: 08/08/2011 Disposition Status: Filed
Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): 10/15/2011 Effective Date (Renewal):
10/15/2011

State Filing Description:
referred to commissioner on 8/15; meeting on 8/24

General Information

Project Name: AR AFC/OC/WA HOM 10/2011 Rate Revision
Project Number: 2011-AR-HOME-R-1295

Status of Filing in Domicile: Not Filed
Domicile Status Comments: This is an
Arkansas specific filing.
Reference Number: N/A
Advisory Org. Circular: N/A

Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 08/24/2011
State Status Changed: 08/24/2011
Created By: Melanie Bassler
Corresponding Filing Tracking Number: N/A
Filing Description:

Deemer Date:
Submitted By: Melanie Bassler

We are proposing changes to our Arkansas Homeowners insurance program for West American Insurance Company, Ohio Casualty Insurance Company, and American Fire & Casualty Company. In order to achieve an overall rate level impact of 10.0%, we are proposing to increase base rates by 10.3% uniformly across all territories for Owners Forms. The indicated rate change is 11.7%. We are not changing the rate deviations that are currently in place for Ohio Casualty Insurance Company and American Fire & Casualty Company. Please refer to the revised rate pages and actuarial memorandum for further details.

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Attached please find the required filing forms.

If you need any further assistance with this filing please contact me at (800)826-6189 ext. 7889641.

Company and Contact

Filing Contact Information

Melanie Bassler, Sr. Analyst, Regulatory Filing Melanie.Bassler@Safeco.com
 62 Maple Ave. 800-826-6189 [Phone] 7889641
 [Ext]
 Keene, NH 03431 603-352-9252 [FAX]

Filing Company Information

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No

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Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$100.00	08/08/2011	50433269
West American Insurance Company	\$0.00	08/08/2011	
American Fire and Casualty Company	\$0.00	08/08/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	08/24/2011	08/24/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
No response necessary	Becky Harrington	08/15/2011	08/15/2011			
Pending Industry Response	Becky Harrington	08/15/2011	08/15/2011	Melanie Bassler	08/15/2011	08/15/2011
Pending Industry Response	Becky Harrington	08/10/2011	08/10/2011	Melanie Bassler	08/11/2011	08/15/2011

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Disposition

Disposition Date: 08/24/2011
 Effective Date (New):
 Effective Date (Renewal): 10/15/2011
 Status: Filed
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Ohio Casualty Insurance Company	10.200%	10.300%	\$4,990	57	\$48,446	10.300%	0.000%
West American Insurance Company	23.200%	10.300%	\$42,505	600	\$412,669	10.300%	0.000%
American Fire and Casualty Company	8.700%	10.300%	\$6,228	76	\$60,463	10.300%	0.000%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	11.700%
Overall Percentage Rate Impact For This Filing	10.000%
Effect of Rate Filing-Written Premium Change For This Program	\$53,723

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Effect of Rate Filing - Number of Policyholders Affected

733

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document (revised)	Actuarial Memorandum	Filed	Yes
Supporting Document	Actuarial Memorandum		Yes
Rate	Premium Determination	Filed	Yes

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Objection Letter

Objection Letter Status No response necessary

Objection Letter Date 08/15/2011

Submitted Date 08/15/2011

Respond By Date

Dear Melanie Bassler,

This will acknowledge receipt of the recent response.

Rate change requests greater than 6% are subject to Commissioner Bradford's review.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/15/2011

Submitted Date 08/15/2011

Respond By Date

Dear Melanie Bassler,

This will acknowledge receipt of the recent response.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: The survey forms for Ohio Casualty and West American appear to be in a zip file format. We are unable to open them.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/15/2011
Submitted Date 08/15/2011

Dear Becky Harrington,

Comments:

Response 1

Comments: Thank you for your note, the Ohio Casualty and West American survey's were in excel 2010 which is probably why you were having issues opening. We have made these backwards compatible to older versions of excel so you should have no issues opening them now.

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

The survey forms for Ohio Casualty and West American appear to be in a zip file format. We are unable to open them.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I apologize for this inconvenience. If you need any further assistance with this filing please contact me.

Sincerely,
Melanie Bassler

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/10/2011

Submitted Date 08/10/2011

Respond By Date

Dear Melanie Bassler,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way, add worksheets, or include formulas.

Objection 2

- Premium Determination, Rule 201 (10-11) (Rate)

Comment: The company deviation factors shown in the rate pages do not match those shown in the actuarial memorandum. Please explain.

Objection 3

Comment: The Department recently received notice that policies for these three companies would be offered under Safeco Ins Co of American beginning January 15, 2012. Please explain the relationship of the move and this filing.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

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Sincerely,

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/11/2011
Submitted Date 08/15/2011

Dear Becky Harrington,

Comments:

Response 1

Comments: Attached please find the excel worksheets for the Premium Surveys.

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way, add worksheets, or include formulas.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: We have revised the Actuarial Memorandum to match the deviation factors in the rate pages, please see the amended Actuarial Memorandum attached.

Related Objection 1

Applies To:

- Premium Determination, Rule 201 (10-11) (Rate)

Comment:

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The company deviation factors shown in the rate pages do not match those shown in the actuarial memorandum. Please explain.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memorandum

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: Our intent is to continue earning this filed rate change through for a full term. This is complicated by the 'conversion' process that is referenced in the noted objection. Our plan to complete the rate change through the conversion process is to use capping factors with the conversion filing that are equivalent to this filed rate change. We will notify you of this capping factor within the conversion filing and we will also notify you of the capping end date. The capping end date will be on the anniversary of this filed change which would be in October of 2012. If we have additional changes to the conversion book in terms of rating we will file them at that time. This process will result in an aggregate rate of +10% with customers only receiving one rate increase under the combination of this filing and the subsequent conversion filing.

Related Objection 1

Comment:

The Department recently received notice that policies for these three companies would be offered under Safeco Ins Co of American beginning January 15, 2012. Please explain the relationship of the move and this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need any further assistance with this filing please let me know.

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Sincerely,
Melanie Bassler

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Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.600%
Effective Date of Last Rate Revision: 02/14/2009
Filing Method of Last Filing: File & Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Ohio Casualty Insurance Company	10.200%	10.300%	\$4,990	57	\$48,446	10.300%	0.000%

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):

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West American Insurance Company	23.200%	10.300%	\$42,505	600	\$412,669	10.300%	0.000%
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Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Fire and Casualty Company	8.700%	10.300%	\$6,228	76	\$60,463	10.300%	0.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	11.700%
Overall Percentage Rate Impact For This Filing:	10.000%
Effect of Rate Filing - Written Premium Change For This Program:	\$53,723
Effect of Rate Filing - Number of Policyholders Affected:	733

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
Filed 08/24/2011	Premium Determination	Rule 201 (10-11)	Replacement	LBRM-125957571 Rule 201 - Premium Determination.pdf

**THE OHIO CASUALTY INSURANCE COMPANY®
 WEST AMERICAN INSURANCE COMPANY®
 AMERICAN FIRE AND CASUALTY COMPANY®
 HOMEOWNERS 2000 POLICY PROGRAM MANUAL
 SECTION I - RATES**

**RULE 201.
 PREMIUM DETERMINATION**

- RATING SEQUENCE**
- BASE RATES**
- COMPANY FACTOR**
- FORM FACTOR**
- TERRITORY RELATIVITIES**
- PROTECTION CLASS/CONSTRUCTION TYPE RELATIVITIES**
- AMOUNT OF INSURANCE**
- MARKET TIERS AND RATING FACTORS**

A. RATING SEQUENCE

1. Premiums for each homeowners policy will be determined using the following rating sequence and the rates and factors displayed in the rules reference below.
2. Round to the nearest penny at the end of the Base Premium and Basic Premium calculations. Do not round during intermediate steps.

Rule		
		BASE PREMIUM
201 B.		Base Rates by Form
201 C.	x	Company Deviation Factor
201 D.	x	Form Factor
201 E.	x	Territory Relativity
201 F.	x	Protection Class/Construction Type
201 G.	x	Amount Of Insurance
		BASIC PREMIUM
204	x	Deductible Factor
210, 227 244, 245, 246,	x	Coverage Modification Relativity
208	x	Replacement Cost (Coverage A)
207	x	Replacement Cost (Coverage C)
235	x	Replacement Cost Loss Settlement on Certain Non-Building Structures
209	x	Special Personal Property Coverage
232	x	Modified Other Insurance Conditions
228	x	Ordinance or Law Coverage

206	x	Townhouse or Rowhouse Surcharge
205	x	Protective Devices Discount
202	x	Age of Home
201 H.	x	Market Tier Factor
Introduction	x	Package (Fam Pak) Discount
A.4.	x	Group Discount
105.	+	Secondary and Seasonal Residence Premises
115		Minimum Premium

3. Add premium for miscellaneous coverages and endorsements in the following order.

Rule

219		Permitted Incidental Occupancies
219	+	Residence Premises - Section I
307	+	Residence Premises - Section II
307	+	Other Residence - Section II
220		Other Structures
	+	Specific Structure On Premises - Increased Limits
	+	Specific Structure On Premises - Rented to Others
	+	Off Premises Structures - Blanket Coverage for Owner Forms
	+	Specific Structure Off Premises
221		Personal Property
	+	Coverage C Increased Limit
	+	Increased Limits - Other Residences
	+	Increased Special Limits of Liability
	+	Personal Property - Scheduled
		Condominium Coverages
318	+	Units Regularly Rented to Others
214	+	Unit Owners Coverage A Special Coverage
213	+	Unit Owners Coverage A Increased Limits
215		Loss Assessment Coverage
	+	Residence Premises - Higher Limits
	+	Additional Locations
		Farming
313		Farmers Personal Liability
313	+	Farms Owned by Insured and Operated by Insured or Insured Employees

313	+	Farms Owned by Insured and Rented to Others
313	+	Farm Employees
314	+	Incidental Farming Personal Liability
237	+	Livestock Collision Coverage
		Business Coverages
308	+	Business Pursuits
322	+	Beauty Shop or Barber Shop Liability
223	+	Business Property Increased Limit
238	+	Landlord's Furnishings
		Home Business Protection Plan
		Other Property Coverages
211	+	Electronic Systems Coverage
212	+	Homeowners Optional Additional Coverages
216	+	Credit/Debit Card, Forgery, Counterfeit Money
217	+	Fire Department Service Charge
222	+	Loss of Use - Increased Limit
224	+	Waterbed Coverage
225	+	Water Backup & Sump Discharge
226	+	Theft of Building Material - Dwelling Under Construction
231	+	Sinkhole Collapse
236	+	Rental to Others Extended Theft Coverage
239	+	Assisted Living Care Coverage
240	+	Other Members of Named Insured Household
241	+	Residence Held in Trust
242	+	Student Away from Home
243	+	Identity Fraud Expense Coverage
229	+	Building Additions and Alterations at Other Residences
230	+	Building Additions and Alterations HO 00 04
		Other Liability Coverages
301		Residence Premises - Basic and Increased Limits
302,320	+	Other Insured Locations Occupied by Insured
304,320	+	Add'l Residence Rented to Others
310	+	Incidental Low Power Recreational Vehicle
312	+	Owned Snowmobile

306	+	3 or 4 Family Dwelling
209	+	Personal Injury
218	+	Earthquake Coverage
218	+	Loss Assessment for Earthquake

B. BASE RATES

Base rates are for the following limits:

Coverage Form	Amount of Insurance	Deductible	Liability Limit	Medical Payments
HO 00 02 or HO 00 03	\$100,000	\$500	\$100,000	\$1,000
HO 00 04 or HO 00 06	\$10,000	\$250	\$100,000	\$1,000

Policy Form	Base Rates
HO 00 02, HO 00 03	\$2,185.00
HO 00 04	215.00
HO 00 06	172.00

C. COMPANY FACTOR

Apply the factor from the factor table based on the company.

Company	HO 00 02 HO 00 03	HO 00 04	HO 00 06
West American Insurance Company	1.000	1.000	1.000
Ohio Casualty Insurance Company	1.250	1.111	1.250
American Fire and Casualty Company	0.937	0.000	0.937

D. FORM FACTOR

Apply the factor from the factor table based upon the policy form.

Form	Factor
HO 00 02	0.750
HO 00 03	1.000
HO 00 04	1.000
HO 00 06	1.000

E. TERRITORY RELATIVITIES

Determine the Rating Territory Assignment from the Territory Definitions page based on the risk address and apply the appropriate factor for each peril.

HO 00 02 AND HO 00 03

Territory	Factor
030	0.829
031	1.009
089	1.465
090	1.102
091	0.535
092	0.891
093	0.811
094	0.920
095	1.000
096	2.036
097	0.864
098	1.895
099	1.101

HO 00 04

Territory	Factor
030	1.000
031	1.000
089	1.000
090	1.000
091	1.000
092	1.000
093	1.000
094	1.000
095	1.000
096	1.000
097	1.000
098	1.000
099	1.000

HO 00 06

Territory	Factor
030	1.000
031	1.000
089	1.000
090	1.000
091	1.000
092	1.000
093	1.000
094	1.000
095	1.000
096	1.000
097	1.000
098	1.000
099	1.000

F. PROTECTION CLASS/CONSTRUCTION TYPE RELATIVITIES

1. These factors will be applied to the fire peril. Use ISO's Community Mitigation Classification Manual to determine Protection Class.
2. See **Rule 119**. Construction Definitions for valid construction types.
3. **Factors.**

HO 00 02 and HO 00 03

Territory	Protection Class	All Frame	Frame with Siding	Masonry Veneer	Masonry	Superior
All	1	1.000	1.000	0.900	0.900	0.765
All	2	1.000	1.000	0.900	0.900	0.765
All	3	1.000	1.000	0.900	0.900	0.765
All	4	1.000	1.000	0.900	0.900	0.765
All	5	1.000	1.000	0.900	0.900	0.765
All	6	1.150	1.150	1.050	1.050	0.893
All	7	1.350	1.350	1.200	1.200	1.020
All	8	1.750	1.750	1.350	1.350	1.148
All	8A	1.750	1.750	1.350	1.350	1.148
All	8B	2.500	2.500	2.200	2.200	1.870
All	9	2.500	2.500	2.200	2.200	1.870
All	10	3.100	3.100	2.700	2.700	2.295

HO 00 04

Territory	Protection Class	All Frame	Frame with Siding	Masonry Veneer	Masonry	Superior
All	1	1.000	1.000	1.000	1.000	0.850
All	2	1.000	1.000	1.000	1.000	0.850

All	3	1.000	1.000	1.000	1.000	0.850
All	4	1.000	1.000	1.000	1.000	0.850
All	5	1.000	1.000	1.000	1.000	0.850
All	6	1.000	1.000	1.000	1.000	0.850
All	7	1.200	1.200	1.200	1.200	1.020
All	8	1.200	1.200	1.200	1.200	1.020
All	8A	1.200	1.200	1.200	1.200	1.020
All	8B	1.450	1.450	1.450	1.450	1.233
All	9	1.450	1.450	1.450	1.450	1.233
All	10	1.800	1.800	1.800	1.800	1.530

HO 00 06

Territory	Protection Class	All Frame	Frame with Siding	Masonry Veneer	Masonry	Superior
All	1	1.000	1.000	1.000	1.000	0.850
All	2	1.000	1.000	1.000	1.000	0.850
All	3	1.000	1.000	1.000	1.000	0.850
All	4	1.000	1.000	1.000	1.000	0.850
All	5	1.000	1.000	1.000	1.000	0.850
All	6	1.000	1.000	1.000	1.000	0.850
All	7	1.200	1.200	1.200	1.200	1.020
All	8	1.200	1.200	1.200	1.200	1.020
All	8A	1.200	1.200	1.200	1.200	1.020
All	8B	1.450	1.450	1.450	1.450	1.233
All	9	1.450	1.450	1.450	1.450	1.233
All	10	1.800	1.800	1.800	1.800	1.530

G. AMOUNT OF INSURANCE

1. Select the desired amount of insurance for Coverage A (HO 2 and HO 3) or Coverage C (HO 4 and HO 6) and apply the appropriate factor from the factor table.
2. **Interpolate for limits not shown.**

To interpolate, select the two AOIs from the factor table that are immediately above and below the desired AOI, and use the following formula. Do not round.

$$\text{DesiredAOIFactor} = \frac{\text{DesiredAOI} - \text{LowAOI}}{\text{HighAOI} - \text{LowAOI}} (\text{HighAOIFactor} - \text{LowAOIFactor}) + \text{LowAOIFactor}$$

Example:

Desired AOI = 41,200
 Lower table AOI = 40,000
 Higher table AOI = 45,000

AOI	Factors
30,000	0.610
35,000	0.620
40,000	0.620
45,000	0.630

$$\text{DesiredAOIFactor} = \frac{\text{DesiredAOI} - \text{LowAOI}}{\text{HighAOI} - \text{LowAOI}} (\text{HighAOIFactor} - \text{LowAOIFactor}) + \text{LowAOIFactor}$$

3. Factors

Amount of Insurance	HO 00 02 or HO 00 03 Factor
10,000	0.648
15,000	0.651
20,000	0.653
25,000	0.657
30,000	0.663
35,000	0.676
40,000	0.690
45,000	0.713
50,000	0.738
55,000	0.773
60,000	0.811
65,000	0.857
70,000	0.907
75,000	0.923
80,000	0.933
85,000	0.948
90,000	0.962
95,000	0.981
100,000	1.000
105,000	1.023
110,000	1.045
115,000	1.072
120,000	1.098
125,000	1.128
130,000	1.157
135,000	1.190
140,000	1.222
145,000	1.258
150,000	1.293
155,000	1.331
160,000	1.369
165,000	1.409
170,000	1.448
175,000	1.490
180,000	1.531

Amount of Insurance	HO 00 04 Factor
1,000	0.700
2,000	0.700
3,000	0.700
4,000	0.700
5,000	0.750
6,000	0.800
7,000	0.850
8,000	0.900
9,000	0.950
10,000	1.000
11,000	1.070
12,000	1.140
13,000	1.210
14,000	1.280
15,000	1.350
16,000	1.410
17,000	1.470
18,000	1.530
19,000	1.590
20,000	1.650
21,000	1.710
22,000	1.770
23,000	1.830
24,000	1.890
25,000	1.950
26,000	2.010
27,000	2.070
28,000	2.130
29,000	2.190
30,000	2.250
31,000	2.310
32,000	2.370
33,000	2.430
34,000	2.490
35,000	2.550

Amount of Insurance	HO 00 06 Factor
1,000	0.700
2,000	0.700
3,000	0.700
4,000	0.700
5,000	0.750
6,000	0.800
7,000	0.850
8,000	0.900
9,000	0.950
10,000	1.000
11,000	1.070
12,000	1.140
13,000	1.210
14,000	1.280
15,000	1.350
16,000	1.410
17,000	1.470
18,000	1.530
19,000	1.590
20,000	1.650
21,000	1.710
22,000	1.770
23,000	1.830
24,000	1.890
25,000	1.950
26,000	2.010
27,000	2.070
28,000	2.130
29,000	2.190
30,000	2.250
31,000	2.310
32,000	2.370
33,000	2.430
34,000	2.490
35,000	2.550

185,000	1.574	36,000	2.610	36,000	2.610
190,000	1.617	37,000	2.670	37,000	2.670
195,000	1.661	38,000	2.730	38,000	2.730
200,000	1.705	39,000	2.790	39,000	2.790
250,000	2.149	40,000	2.850	40,000	2.850
300,000	2.599	41,000	2.910	41,000	2.910
350,000	3.049	42,000	2.970	42,000	2.970
400,000	3.499	43,000	3.030	43,000	3.030
450,000	3.949	44,000	3.090	44,000	3.090
500,000	4.399	45,000	3.140	45,000	3.140
Each add'l \$1,000	0.009	46,000	3.190	46,000	3.190
		47,000	3.230	47,000	3.230
		48,000	3.270	48,000	3.270
		49,000	3.310	49,000	3.310
		50,000	3.350	50,000	3.350
		55,000	3.550	55,000	3.550
		60,000	3.750	60,000	3.750
		65,000	3.950	65,000	3.950
		70,000	4.150	70,000	4.150
		75,000	4.350	75,000	4.350
		80,000	4.550	80,000	4.550
		85,000	4.750	85,000	4.750
		90,000	4.950	90,000	4.950
		95,000	5.150	95,000	5.150
		100,000	5.350	100,000	5.350
		Each Add'l \$1,000	0.040	Each Add'l \$1,000	0.040

H. MARKET TIERS AND RATING FACTORS

1. Policies will be placed in a Market Tier based on the information returned from ChoicePoint for the first named insured.
2. The following Markets will be used:
 - a. Market 1 - Reserved For Future Use
 - b. Markets 2-9 - Scored Business
 - c. Market 98 - "No Hit"
 - d. Market 99 - "No Score" or "Thin File"
3. Retiering Guidelines
 - a. Agents may rescore policies once annually at the insured's request.
 - b. OCG will rescore policies as required by law.
4. Renewal Re-Scoring
 - a. The following rules (in order of precedence) are applicable:

- 1) Credit reports shall be obtained for the first named insured every 3 years.
- 2) Policies may move up or down only one market tier per review, subject to the following credit reclassification rules:
 - a) It is the re-scored renewal date for the policy, AND the policy satisfies the requirement for the better market tier.
 - b) It is the re-scored renewal date for the policy, AND the policy satisfies the requirement for the worse market tier.

b. Renewal Re-Scoring Exception:

A policy where the first named insured was a prior “No Hit or No Score” will be subject to new business market tier rules, and will be placed in the appropriate market tier based on his/her renewal insurance score.

5. Apply the appropriate factor from the state factor table.

6. Rating Factor Table:

MARKET TIER	<u>HO 00 02, HO 00 03</u> RATING FACTORS	<u>HO 00 04</u> RATING FACTORS	<u>HO 00 06</u> RATING FACTORS
1	N/A	N/A	N/A
2	1.000	1.000	1.000
3	1.000	1.000	1.000
4	0.700	0.800	0.800
5	0.600	0.650	0.650
6	0.450	0.650	0.650
7	0.350	0.600	0.600
8	0.300	0.500	0.500
9	0.300	0.500	0.500
98	0.350	0.800	0.800
99	0.350	0.800	0.800

SERFF Tracking Number: LBRM-127309917 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number:
 Company Tracking Number: 2011-AR-HOME-R-1295
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners (AFC/OC/WA)
 Project Name/Number: AR AFC/OC/WA HOM 10/2011 Rate Revision/2011-AR-HOME-R-1295

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Form RF-2 Loss Costs Only (not for workers' compensation) Bypass Reason: N/A Comments:		
Satisfied - Item: H-1 Homeowners Abstract Comments: Attachment: OC-WA-AFC_H-1 Home Abstract.pdf	Filed	08/24/2011
Satisfied - Item: HPCS-Homeowners Premium Comparison Survey Comments: Attachments: OC-WA-AFC_Home Premium Survey.pdf AFC_Home Premium Survey.xls OC_Home Premium Survey.xls WA_Home Premium Survey.xls	Filed	08/24/2011
Satisfied - Item: NAIC loss cost data entry document Comments: Attachment: OC-WA-AFC_RF-1.pdf	Filed	08/24/2011

SERFF Tracking Number: LBRM-127309917 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number:
Company Tracking Number: 2011-AR-HOME-R-1295
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners (AFC/OC/WA)
Project Name/Number: AR AFC/OC/WA HOM 10/2011 Rate Revision/2011-AR-HOME-R-1295

	Item Status:	Status
Satisfied - Item: Actuarial Memorandum	Filed	08/24/2011
Comments:		
Attachment:		
AR 201110 Actuarial Memorandum-Homeowners.pdf		

ARKANSAS INSURANCE DEPARTMENT
FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Ohio Casualty Insurance Company

NAIC No. 24074 GROUP No. 0111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.
We have an automatic insurance to value program within our automated rating system. It has been in place since 1975.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.
We use the Marshall & Swift/Boeckh Replacement Cost Component Technology to determine dwelling replacement cost. Our independent agents, however, also have the option to use other estimators if they so choose. We have been using the Marshall & Swift/Boeckh (previously Boeckh, previously American Appraisal) since 1986.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.
We require that the policy be written at 100% of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.
There is not an Inflation Guard or similar coverage offered.

5. Specify the percentage given for credits or discounts for the following:
 - a. Fire Extinguisher 0 %
 - b. Burglar Alarm 3 %
 - c. Smoke Alarm 2 %
 - d. Insured who has both homeowners and auto with your company 15 %
 - e. Deadbolt Locks 0 %
 - f. Window or Door Locks 0 %
 - g. Other (Specify) Fire Dept Reporting 3 %
Central Station fire or burglar 5 %
Automatic Sprinkler System 8 - 13 %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?
No
If so, state areas and explain reason for not writing _____

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
HO-02	\$1,437
HO-03	\$47,009
HO-04	\$1,730
HO-06	401

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge _____

Does the surcharge apply to conventional fire places? No

If yes, state surcharge _____

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Melanie Bassler

Signature

Melanie Bassler

Printed Name

Sr. Analyst, Regulatory Filing

Title

(603)354-9641

Telephone Number

Melanie.Bassler@Safeco.com

Email Address

ARKANSAS INSURANCE DEPARTMENT
FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name West American Insurance Company

NAIC No. 44393 GROUP No. 0111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.
We have an automatic insurance to value program within our automated rating system. It has been in place since 1975.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.
We use the Marshall & Swift/Boeckh Replacement Cost Component Technology to determine dwelling replacement cost. Our independent agents, however, also have the option to use other estimators if they so choose. We have been using the Marshall & Swift/Boeckh (previously Boeckh, previously American Appraisal) since 1986.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.
We require that the policy be written at 100% of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.
There is not an Inflation Guard or similar coverage offered.

5. Specify the percentage given for credits or discounts for the following:
 - a. Fire Extinguisher 0 %
 - b. Burglar Alarm 3 %
 - c. Smoke Alarm 2 %
 - d. Insured who has both homeowners and auto with your company 15 %
 - e. Deadbolt Locks 0 %
 - f. Window or Door Locks 0 %
 - g. Other (Specify) Fire Dept Reporting 3 %
Central Station fire or burglar 5 %
Automatic Sprinkler System 8 - 13 %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?
No
If so, state areas and explain reason for not writing _____

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
HO-02	\$433
HO-03	\$412,236
HO-04	\$2,712
HO-06	\$7,891

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge _____

Does the surcharge apply to conventional fire places? No

If yes, state surcharge _____

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Melanie Bassler

Signature

Melanie Bassler

Printed Name

Sr. Analyst, Regulatory Filing

Title

(603)354-9641

Telephone Number

Melanie.Bassler@Safeco.com

Email Address

ARKANSAS INSURANCE DEPARTMENT
FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name American Fire & Casualty Company

NAIC No. 24066

GROUP No. 0111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

We have an automatic insurance to value program within our automated rating system. It has been in place since 1975.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

We use the Marshall & Swift/Boeckh Replacement Cost Component Technology to determine dwelling replacement cost. Our independent agents, however, also have the option to use other estimators if they so choose. We have been using the Marshall & Swift/Boeckh (previously Boeckh, previously American Appraisal) since 1986.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

We require that the policy be written at 100% of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

There is not an Inflation Guard or similar coverage offered.

5. Specify the percentage given for credits or discounts for the following:

a. Fire Extinguisher	<u>0</u> %
b. Burglar Alarm	<u>3</u> %
c. Smoke Alarm	<u>2</u> %
d. Insured who has both homeowners and auto with your company	<u>15</u> %
e. Deadbolt Locks	<u>0</u> %
f. Window or Door Locks	<u>0</u> %
g. Other (Specify)	<u>Fire Dept Reporting 3</u> %
<u>Central Station fire or burglar</u>	<u>5</u> %
<u>Automatic Sprinkler System</u>	<u>8 - 13</u> %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?

No

If so, state areas and explain reason for not writing _____

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
HO-03	\$60,463
HO-06	\$1,380
_____	_____
_____	_____

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge _____

Does the surcharge apply to conventional fire places? No

If yes, state surcharge _____

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Melanie Bassler

Signature

Melanie Bassler

Printed Name

Sr. Analyst, Regulatory Filing

Title

(603)354-9641

Telephone Number

Melanie.Bassler@Safeco.com

Email Address

NAIC Number: 111-24074
 Company Name: The Ohio Casualty Insurance Company
 Contact Person: Caroline Solis
 Telephone No.: (513) 603-2322
 Email Address: Caroline.Solis@Safeco.com
 Effective Date: 10/15/2011 for Renewal Business Only

**Homeowners Premium Comparison Survey Form
 FORM HP3S - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to: insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$564.00	\$626.00	\$639.00	\$711.00	\$1,415.00	\$1,572.00	\$1,415.00	\$1,572.00	\$1,317.00	\$1,463.00	\$1,317.00	\$1,463.00	\$766.00	\$850.00	\$619.00	\$688.00	\$701.00	\$779.00
	\$120,000	\$664.00	\$737.00	\$752.00	\$836.00	\$1,665.00	\$1,850.00	\$1,665.00	\$1,850.00	\$1,549.00	\$1,722.00	\$1,549.00	\$1,722.00	\$900.00	\$1,001.00	\$729.00	\$810.00	\$825.00	\$917.00
	\$160,000	\$827.00	\$919.00	\$938.00	\$1,042.00	\$2,077.00	\$2,307.00	\$2,077.00	\$2,307.00	\$1,932.00	\$2,147.00	\$1,932.00	\$2,147.00	\$1,123.00	\$1,247.00	\$908.00	\$1,010.00	\$1,029.00	\$1,143.00
6	\$80,000	\$658.00	\$720.00	\$745.00	\$817.00	\$1,650.00	\$1,808.00	\$1,650.00	\$1,808.00	\$1,536.00	\$1,683.00	\$1,536.00	\$1,683.00	\$893.00	\$978.00	\$722.00	\$791.00	\$818.00	\$896.00
	\$120,000	\$774.00	\$847.00	\$878.00	\$962.00	\$1,942.00	\$2,128.00	\$1,942.00	\$2,128.00	\$1,808.00	\$1,981.00	\$1,808.00	\$1,981.00	\$1,050.00	\$1,150.00	\$850.00	\$931.00	\$963.00	\$1,054.00
	\$160,000	\$965.00	\$1,056.00	\$1,094.00	\$1,199.00	\$2,422.00	\$2,653.00	\$2,422.00	\$2,653.00	\$2,254.00	\$2,468.00	\$2,254.00	\$2,468.00	\$1,310.00	\$1,434.00	\$1,059.00	\$1,162.00	\$1,201.00	\$1,314.00
9	\$80,000	\$1,378.00	\$1,566.00	\$1,562.00	\$1,776.00	\$3,458.00	\$3,930.00	\$3,458.00	\$3,930.00	\$3,219.00	\$3,658.00	\$3,219.00	\$3,658.00	\$1,871.00	\$2,125.00	\$1,514.00	\$1,720.00	\$1,714.00	\$1,947.00
	\$120,000	\$1,621.00	\$1,842.00	\$1,839.00	\$2,090.00	\$4,070.00	\$4,625.00	\$4,070.00	\$4,625.00	\$3,789.00	\$4,305.00	\$3,789.00	\$4,305.00	\$2,201.00	\$2,502.00	\$1,782.00	\$2,024.00	\$2,017.00	\$2,293.00
	\$160,000	\$2,021.00	\$2,298.00	\$2,293.00	\$2,606.00	\$5,074.00	\$5,767.00	\$5,074.00	\$5,767.00	\$4,724.00	\$5,367.00	\$4,724.00	\$5,367.00	\$2,744.00	\$3,119.00	\$2,221.00	\$2,524.00	\$2,515.00	\$2,858.00

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text"/>	%	Deadbolt Lock	<input type="text"/>	%
Burglar Alarm	<input type="text"/>	%	Window Locks	<input type="text"/>	%
Smoke Alarm	<input type="text"/>	%	\$1,000 Deductible	<input type="text"/>	%
	<input type="text"/>	%	Other (specify)	<input type="text"/>	%
	<input type="text"/>	%	Maximum Credit Allowed	<input type="text"/>	%

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this cover.

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Zone	Brick	Frame
Highest Risk	\$ <input type="text"/>	\$ <input type="text"/>
Lowest Risk	\$ <input type="text"/>	\$ <input type="text"/>

NAIC Number: 111-44393
 Company Name: West American Insurance Company
 Contact Person: Caroline Solis
 Telephone No.: (513) 603-2322
 Email Address: Caroline.Solis@Safeco.com
 Effective Date: 10/15/2011 for Renewal Business Only

**Homeowners Premium Comparison Survey Form
 FORM HP3S - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to: insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$450.00	\$501.00	\$511.00	\$569.00	\$1,132.00	\$1,257.00	\$1,132.00	\$1,257.00	\$1,053.00	\$1,171.00	\$1,053.00	\$1,171.00	\$612.00	\$681.00	\$496.00	\$550.00	\$561.00	\$623.00
	\$120,000	\$530.00	\$590.00	\$602.00	\$669.00	\$1,332.00	\$1,481.00	\$1,332.00	\$1,481.00	\$1,240.00	\$1,378.00	\$1,240.00	\$1,378.00	\$720.00	\$801.00	\$583.00	\$647.00	\$660.00	\$733.00
	\$160,000	\$662.00	\$735.00	\$750.00	\$834.00	\$1,660.00	\$1,845.00	\$1,660.00	\$1,845.00	\$1,546.00	\$1,718.00	\$1,546.00	\$1,718.00	\$898.00	\$998.00	\$726.00	\$808.00	\$823.00	\$915.00
6	\$80,000	\$526.00	\$576.00	\$597.00	\$653.00	\$1,320.00	\$1,446.00	\$1,320.00	\$1,446.00	\$1,229.00	\$1,346.00	\$1,229.00	\$1,346.00	\$714.00	\$783.00	\$578.00	\$633.00	\$654.00	\$717.00
	\$120,000	\$619.00	\$678.00	\$702.00	\$770.00	\$1,554.00	\$1,702.00	\$1,554.00	\$1,702.00	\$1,446.00	\$1,585.00	\$1,446.00	\$1,585.00	\$840.00	\$920.00	\$680.00	\$744.00	\$771.00	\$843.00
	\$160,000	\$772.00	\$845.00	\$876.00	\$960.00	\$1,938.00	\$2,122.00	\$1,938.00	\$2,122.00	\$1,804.00	\$1,976.00	\$1,804.00	\$1,976.00	\$1,047.00	\$1,147.00	\$847.00	\$929.00	\$961.00	\$1,051.00
9	\$80,000	\$1,102.00	\$1,252.00	\$1,250.00	\$1,421.00	\$2,766.00	\$3,144.00	\$2,766.00	\$3,144.00	\$2,576.00	\$2,926.00	\$2,576.00	\$2,926.00	\$1,496.00	\$1,700.00	\$1,211.00	\$1,376.00	\$1,372.00	\$1,558.00
	\$120,000	\$1,297.00	\$1,474.00	\$1,472.00	\$1,673.00	\$3,256.00	\$3,701.00	\$3,256.00	\$3,701.00	\$3,031.00	\$3,444.00	\$3,031.00	\$3,444.00	\$1,761.00	\$2,001.00	\$1,425.00	\$1,619.00	\$1,614.00	\$1,834.00
	\$160,000	\$1,617.00	\$1,838.00	\$1,834.00	\$2,085.00	\$4,059.00	\$4,614.00	\$4,059.00	\$4,614.00	\$3,778.00	\$4,294.00	\$3,778.00	\$4,294.00	\$2,196.00	\$2,495.00	\$1,777.00	\$2,019.00	\$2,012.00	\$2,287.00

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text"/>	%	Deadbolt Lock	<input type="text"/>	%
Burglar Alarm	<input type="text"/>	%	Window Locks	<input type="text"/>	%
Smoke Alarm	<input type="text"/>	%	\$1,000 Deductible	<input type="text"/>	%
	Other (specify)				
	<input type="text"/>	%		<input type="text"/>	%
	Maximum Credit Allowed				

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this cover.

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

	Zone	Brick	Frame
	Highest Risk	\$ <input type="text"/>	\$ <input type="text"/>
	Lowest Risk	\$ <input type="text"/>	\$ <input type="text"/>

NAIC Number: 111-24066
 Company Name: American Fire and Casualty Company
 Contact Person: Caroline Solis
 Telephone No.: (513)603-2322
 Email Address: Caroline.Solis@Safeco.com
 Effective Date: 10/15/2011 for Renewal Business Only

**Homeowners Premium Comparison Survey Form
 FORM HP3S - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to: insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$422.00	\$470.00	\$479.00	\$532.00	\$1,061.00	\$1,179.00	\$1,061.00	\$1,179.00	\$987.00	\$1,097.00	\$987.00	\$1,097.00	\$574.00	\$637.00	\$465.00	\$516.00	\$525.00	\$584.00
	\$120,000	\$497.00	\$552.00	\$564.00	\$627.00	\$1,248.00	\$1,387.00	\$1,248.00	\$1,387.00	\$1,162.00	\$1,291.00	\$1,162.00	\$1,291.00	\$675.00	\$750.00	\$546.00	\$607.00	\$618.00	\$687.00
	\$160,000	\$620.00	\$689.00	\$703.00	\$782.00	\$1,556.00	\$1,729.00	\$1,556.00	\$1,729.00	\$1,448.00	\$1,610.00	\$1,448.00	\$1,610.00	\$841.00	\$935.00	\$681.00	\$756.00	\$772.00	\$856.00
6	\$80,000	\$493.00	\$539.00	\$560.00	\$612.00	\$1,237.00	\$1,355.00	\$1,237.00	\$1,355.00	\$1,151.00	\$1,261.00	\$1,151.00	\$1,261.00	\$669.00	\$732.00	\$541.00	\$593.00	\$613.00	\$672.00
	\$120,000	\$580.00	\$635.00	\$659.00	\$720.00	\$1,456.00	\$1,595.00	\$1,456.00	\$1,595.00	\$1,355.00	\$1,485.00	\$1,355.00	\$1,485.00	\$788.00	\$863.00	\$637.00	\$698.00	\$722.00	\$791.00
	\$160,000	\$723.00	\$792.00	\$820.00	\$899.00	\$1,816.00	\$1,989.00	\$1,816.00	\$1,989.00	\$1,690.00	\$1,850.00	\$1,690.00	\$1,850.00	\$982.00	\$1,075.00	\$795.00	\$871.00	\$900.00	\$986.00
9	\$80,000	\$1,032.00	\$1,174.00	\$1,172.00	\$1,331.00	\$2,593.00	\$2,946.00	\$2,593.00	\$2,946.00	\$2,413.00	\$2,742.00	\$2,413.00	\$2,742.00	\$1,402.00	\$1,593.00	\$1,134.00	\$1,289.00	\$1,285.00	\$1,459.00
	\$120,000	\$1,215.00	\$1,381.00	\$1,379.00	\$1,567.00	\$3,051.00	\$3,467.00	\$3,051.00	\$3,467.00	\$2,839.00	\$3,227.00	\$2,839.00	\$3,227.00	\$1,650.00	\$1,875.00	\$1,335.00	\$1,517.00	\$1,512.00	\$1,718.00
	\$160,000	\$1,515.00	\$1,722.00	\$1,719.00	\$1,953.00	\$3,804.00	\$4,323.00	\$3,804.00	\$4,323.00	\$3,540.00	\$4,023.00	\$3,540.00	\$4,023.00	\$2,057.00	\$2,337.00	\$1,664.00	\$1,892.00	\$1,886.00	\$2,142.00

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text"/>	%	Deadbolt Lock	<input type="text"/>	%
Burglar Alarm	<input type="text"/>	%	Window Locks	<input type="text"/>	%
Smoke Alarm	<input type="text"/>	%	\$1,000 Deductible	<input type="text"/>	%
	Other (specify)				
	<input type="text"/>	%		<input type="text"/>	%
	Maximum Credit Allowed				

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this cover.

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Zone	Brick	Frame
Highest Risk	\$ <input type="text"/>	\$ <input type="text"/>
Lowest Risk	\$ <input type="text"/>	\$ <input type="text"/>

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2011-AR-HOME-R-1295
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
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	Company Name	Company NAIC Number
3. A.	The Ohio Casualty Insurance Company	B. 111-24074

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	4.0	B. 4.0000

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Owners	+10.2%	+10.3%					
Tenants	-6.9%	0.0%					
TOTAL OVERALL EFFECT	+9.4%	+9.8%					

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	107	+4.0%	3/23/06	107	21	19.3	30.6
2007	95	-0.6%	7/01/07	86	37	42.4	55.3
2008	93	+4.1%/ -4.1%	1/25/08/ 5/13/08	77	149	172.7	77.2
2009	71	+ 9.4%	3/17/2009	73	29	39.9	75.8
2010	57			56	127	227.2	72.3

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	29.7%
B. General Expense	9.6%
C. Taxes, License & Fees	3.3%
D. Underwriting Profit & Contingencies	10.4%
E. Other (explain)	
F. TOTAL	40.1%

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 10.3%
- 10.** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 0.0%

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2011-AR-HOME-R-1295
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
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	Company Name	Company NAIC Number
3.	A. West American Insurance Company	B. 111-44393

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. 4.0	B. 4.0000

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Owners	+23.2%	+10.3%					
Tenants	-8.5%	0.0%					
TOTAL OVERALL EFFECT	+22.4%	+10.0%					

6.		5 Year History	Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	
2006	1,223	+0.7%	3/23/06	710	447	62.9	45.6	
2007	1,041	+3.1%	7/01/07	653	507	77.7	50.2	
2008	817	+0.7%/ -5.0	1/25/08/ 5/13/08	561	1321	235.5	86.2	
2009	676	+ 9.6%	3/17/2009	468	789	168.6	81.3	
2010	600			444	130	30.1	72.5	

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	29.7%
B. General Expense	9.6%
C. Taxes, License & Fees	3.3%
D. Underwriting Profit & Contingencies	10.4%
E. Other (explain)	
F. TOTAL	40.1%

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 10.3%
- 10.** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 0.0%

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2011-AR-HOME-R-1295
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
-----------	---	-----

	Company Name	Company NAIC Number
3.	A. American Fire and Casualty Company	B. 111-24066

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. 4.0	B. 4.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Owners	+8.7%	+10.3%					
Tenants	-6.4%	0.0%					
TOTAL OVERALL EFFECT	+8.4%	+10.1%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	108	+0.3%	3/23/06	130	28	21.5	59.9
2007	111	-0.8%	7/01/07	111	40	35.9	65.2
2008	118	+1.2%/+3.3%	1/25/08/ 5/13/08	100	127	126.0	95.0
2009	91	+ 9.8%	3/17/2009	89	292	327.4	62.9
2010	76			71	142	100.5	77.3

7.

Expense Constants	Selected Provisions
A. Total Production Expense	29.7%
B. General Expense	9.6%
C. Taxes, License & Fees	3.3%
D. Underwriting Profit & Contingencies	10.4%
E. Other (explain)	
F. TOTAL	40.1%

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 10.3%
- 10.** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 0.0%

**State of Arkansas
Ohio Casualty Insurance Company/
West American Insurance Company/
American Fire & Casualty Insurance Company
Homeowners
Actuarial Memorandum**

Summary of Changes

We are proposing changes to our Arkansas Homeowners insurance program for West American Insurance Company, Ohio Casualty Insurance Company, and American Fire & Casualty Company. In order to achieve an overall rate level impact of 10.0% (see page 3), we are proposing to increase base rates by 10.3% uniformly across all territories for Owners Forms. The indicated rate change is 11.7% (see page 6). We are not changing the rate deviations that are currently in place for Ohio Casualty Insurance Company and American Fire & Casualty Company (see the table below).

	Forms	Form	Form
Company	2 & 3	4	6
Ohio Casualty Insurance Company	1.250	1.250	1.250
West American Insurance Company	1.000	1.000	1.000
American Fire & Casualty Company	0.937	N/A	0.937

These changes are proposed to be effective October 15, 2011 for new business and renewal business.

Homeowners Impact Exhibits

<u>Exhibit Description</u>	<u>Page #</u>
Summary of Homeowners Changes	3
Owners Forms Base Rate Changes	4

**Ohio Casualty Insurance Company/ West American Insurance Company/
American Fire & Casualty Company
Arkansas Homeowners**

Overall

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	556,388	15,207	571,595
Earned Premium at Current Rates Dist.	97.3%	2.7%	
Base Rate Percentage Change	10.3%	0.0%	10.0%

Ohio Casualty Insurance Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	53,491	2,625	56,116
Earned Premium at Current Rates Dist.	95.3%	4.7%	
Base Rate Percentage Change	10.3%	0.0%	9.8%

West American Insurance Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	433,504	11,214	444,718
Earned Premium at Current Rates Dist.	97.5%	2.5%	
Base Rate Percentage Change	10.3%	0.0%	10.0%

American Fire & Casualty Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	69,393	1,368	70,761
Earned Premium at Current Rates Dist.	98.1%	1.9%	
Base Rate Percentage Change	10.3%	0.0%	10.1%

*Earned Premium at Current Rates for the period 1/1/2010-12/31/2010 evaluated as of 3/31/2011

**Ohio Casualty Insurance Company/ West American Insurance Company/
American Fire & Casualty Company
Arkansas Homeowners**

Impact: Base Rate Change

Form	Current Base Rate	Proposed Base Rate	Impact
HO-2, HO-3	1,981	2,185	10.3%
HO-4	215	215	0.0%
HO-6	172	172	0.0%

Homeowners Indication Exhibits

<u>Exhibit Description</u>	<u>Page #</u>
Rate Level Indications – Owners Forms	6
Expense Summary	7
Premium Trend – Owners Forms	8
Loss Trend Calculation	9
ISO Fast Track Loss Trend Data	10
Calculation of Permissible Loss & LAE Ratio Trend Factor – Owners Forms	11
Rate Level History – All Forms	12

STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - FORMS 2 & 3
RATE LEVEL INDICATIONS
RENEWALS EFFECTIVE 10/15/2011

Calendar/Accident Twelve Months Ending	12/31/2006	12/31/2007	12/31/2008	12/31/2009	12/31/2010
(1) Unadjusted Earned Premium	\$921,438	\$826,007	\$723,761	\$612,470	\$555,277
(2) On-Level Factor	1.091	1.080	1.067	1.062	1.002
(3) Earned Premium On-Level [(1)*(2)]	\$1,005,600	\$892,459	\$772,588	\$650,688	\$556,388
(4) Current Amount Factor	1.174	1.111	1.068	1.038	1.000
(5) Earned Premium On-Level at Current Amount [(3)*(4)]	\$1,180,574	\$991,521	\$825,124	\$675,414	\$556,388
(6) Unadjusted Incurred Losses Evaluated as of: 03/31/11	\$337,453	\$563,177	\$1,605,757	\$970,539	\$178,461
(7) Normal Incurred Loss Excluding Cats and Large Losses	\$194,920	\$546,380	\$513,163	\$534,167	\$106,232
(8) Catastrophe and Large Loss (LL) Factor	1.308	1.308	1.308	1.308	1.308
(9) Cat and LL Adjusted Incurred Loss [(7)*(8)]	\$254,955	\$714,665	\$671,217	\$698,690	\$138,951
(10) Loss Development Factor	1.004	1.006	1.014	1.021	1.065
(11) Developed Cat and LL Adj. Incurred Loss [(9)*(10)]	\$255,975	\$718,953	\$680,614	\$713,362	\$147,983
(12) Defense and Cost Containment Factor	0.160	0.160	0.160	0.160	0.160
(13) Defense and Cost Containment [(11)*(12)]	\$40,956	\$115,032	\$108,898	\$114,138	\$23,677
(14) Adjusting and Other Expenses Factor	0.028	0.028	0.028	0.028	0.028
(15) Adjusting and Other Expenses [(11)*(14)]	\$7,167	\$20,131	\$19,057	\$19,974	\$4,144
(16) Developed Cat-Adj Inc Loss & LAE [(11)+(13)+(15)]	\$304,098	\$854,116	\$808,569	\$847,474	\$175,804
(17) Current Cost Factor	1.170	1.125	1.082	1.040	1.000
(18) Adj. Inc. Loss & LAE @ Current Cost [(16)*(17)]	\$355,795	\$960,881	\$874,872	\$881,373	\$175,804
(19) Adj. Current Loss & LAE Ratio [(18)/(5)]	0.301	0.969	1.060	1.305	0.316
(20) Accident Year Weights	0.100	0.150	0.200	0.250	0.300
(21) Earned House-Year Exposures	1,204	1,266	1,078	897	755
(22) Weighted Adj. Current Loss & LAE Ratio [Sum (19)*(20)]					0.809
(23) Loss Projection Factor					1.095
(24) Premium Projection Factor					1.052
(25) Projected Experience Loss & LAE Ratio [(22)*(23)/(24)]					0.842
(26) Permissible Loss & LAE Ratio					0.599
(27) Permissible Loss & LAE Ratio Trend Factor					1.018
(28) Trended Permissible Loss & LAE Ratio [(26)*(27)]					0.610
(29) Credibility [(Sum (21) / 80,000) ^0.5]					0.255
(30) Credibility-Weighted Projected Loss and LAE Ratio [(25)*(29) + (28)*(1-(29))]					0.669
(31) Indicated Rate Level Change [(30) / (26) - 1]					11.7%

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
EXPENSE SUMMARY
RENEWALS EFFECTIVE 10/15/2011**

<u>Expense Item</u>	<u>Total</u>
(1) Commissions (a)	16.5%
(2) Other Acquisition & General Expenses (b & c)	9.6%
(4) Taxes, Licenses & Fees (d)	3.3%
(5) Expense Ratio	----- 29.7%
(6) Adjusted Profit & Contingencies (e)	10.4%
(7) Total Expenses (5) + (6)	40.1%

(a) Based on current commission schedule.

(b) Based on current underwriting expenses for Ohio Casualty Insurance Company, West American Insurance Company, and American Fire and Casualty Company.

(c) Based on current underwriting expenses for Ohio Casualty Insurance Company, West American Insurance Company, and American Fire and Casualty Company.

(d) State premium tax plus miscellaneous taxes, licenses, and fees.

(e) Based on projected combined ratio assuming a 12.0% internal rate of return.

STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - FORMS 2 & 3
PREMIUM TREND
RENEWALS EFFECTIVE 10/15/2011

Derivation of Premium Projection Factor:

(1) Twelve Months Ending	(2) Average Relativity Y	(3) X	(4) X ²	(5) XY
12/31/2006	1.669	-2	4	-3.338
12/31/2007	1.792	-1	1	-1.792
12/31/2008	1.888	0	0	0.000
12/31/2009	1.957	1	1	1.957
12/31/2010	2.057	2	4	4.114
	9.363	0	10	0.941

Linear Regression: $Y = BX + A$

(6) N = Number of Points =	5
(7) A = Mean of Fitted Line = $\Sigma Y / N =$	1.873
(8) B = Average Annual Increment = $\Sigma XY / \Sigma X^2 =$	0.094
(9) Average Annual Rate of Change = $B/A = (8) / (7) =$	5.0%
(10) Average Annual Rate of Change Tempered at 75% = $(9) * 0.75 =$	3.8%
(11) Boeckh Projected Premium Trend	2.2%
(12) Implied Annual Premium Trend = (11) =	2.2%
(13) Midpoint of Latest Year of Current Experience Period:	6/30/2010
(14) Proposed Effective Date:	10/15/2011
(15) Average Effective Period Accident Date:	10/15/2012
(16) Number of Years from (13) to (15):	2.294
(17) Premium Projection Factor = $(1 + (12))^{(16)} =$	1.052

The Average Relativity in column (2) is the average current AOI relativity weighted on the historical exposure distribution in the year of column (1).

The Premium Projection Factor for owner forms is a linear projection of the change in the Average Relativity -- tempered at 75% and averaged with the Boeckh projected premium trend -- from the midpoint of the latest year of the current experience period to the average accident date of the proposed effective period.

**STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - ALL FORMS
LOSS TREND CALCULATION
RENEWALS EFFECTIVE 10/15/2011**

Owner Forms (based on ISO's Fast Track data)

A) Selected Factors:

See page 8 of this exhibit for supporting detail regarding the fitted curves.

	Number of Historical Data Points				(1)	(2)
	16	12	8	6	Selected Annual Current Cost Factor	Selected Annual Trended Cost Factor
Frequency	- 0.6%	- 0.7%	- 3.7%	- 1.8%		
Severity	+ 10.2%	+ 8.8%	+ 9.9%	+ 9.7%		
Pure Premium	+ 9.5%	+ 8.0%	+ 5.9%	+ 7.7%	+ 4.0%	+ 4.0%

B) Current Cost Factors (CCF) by Accident Year

These factors trend historical losses to the trend evaluation date using (A1).

Twelve Months Ending	Current Cost Factor
12/31/2006	1.170
12/31/2007	1.125
12/31/2008	1.082
12/31/2009	1.040
12/31/2010	1.000

C) Calculation of Loss Projection Factor

This factor trends losses from 6/30/10 to the average accident date of the effective period for this rate change using (A2).

(1) Average accident date trended to by CCF:	6/30/2010
(2) Expected renewal effective date of rate change:	10/15/2011
(3) Homeowners policy term (months):	12
(4) Rates are assumed to be effective for (months):	12
(5) Average effective period accident date = (2) + [(3) + (4)]/2 =	10/15/2012
(6) Number of years between (1) and (5):	2.294
(7) Selected annual trended cost factor = (A2) =	4.0%
(8) Loss projection factor = [1 + (7)] ⁽⁶⁾ =	1.095

Tenant Forms (based on ISO's Fast Track data)

A) Selected Factors:

See page 9 of this exhibit for supporting detail regarding the fitted curves.

	Number of Historical Data Points				(1)	(2)
	16	12	8	6	Selected Annual Current Cost Factor	Selected Annual Trended Cost Factor
Frequency	+ 1.0%	+ 1.4%	+ 7.0%	+ 13.9%		
Severity	+ 1.6%	- 7.7%	- 5.5%	+ 0.6%		
Pure Premium	+ 2.6%	- 6.4%	+ 1.1%	+ 14.6%	+ 4.0%	+ 3.0%

B) Current Cost Factors (CCF) by Accident Year:

These factors trend historical losses to the trend evaluation date using (A1).

Twelve Months Ending	Current Cost Factor
12/31/2006	1.171
12/31/2007	1.126
12/31/2008	1.082
12/31/2009	1.040
12/31/2010	1.000

C) Calculation of Loss Projection Factor:

This factor trends losses from 6/30/10 to the average accident date of the effective period for this rate change using (A2).

(1) Average accident date trended to by CCF:	6/30/2010
(2) Expected renewal effective date of rate change:	10/15/2011
(3) Homeowners policy term (months):	12
(4) Rates are assumed to be effective for (months):	12
(5) Average effective period accident date = (2) + [(3) + (4)]/2 =	10/15/2012
(6) Number of years between (1) and (5):	2.294
(7) Selected annual trended cost factor = (A2) =	3.0%
(8) Loss projection factor = [1 + (7)] ⁽⁶⁾ =	1.071

**SAFECO PERSONAL LINES
REGULAR HOMEOWNERS TREND DATA
FAST TRACK INDUSTRY EX-CAT DATA THRU 2010-12-31
COUNTRYWIDE**

YEAR ENDING CLAIM COST AND FREQUENCY DATA

Year Ending	Paid Claims	Earned House Years	Capped Paid Losses	Claim Freq.	Claim Size	Pure Premium
2007-06-30	1,620,587	39,526,086	11,013,220,347	4.100%	6,795.82	278.63
2007-09-30	1,659,824	39,676,865	11,528,294,947	4.183%	6,945.49	290.55
2007-12-31	1,708,130	39,774,814	12,154,363,605	4.295%	7,115.60	305.58
2008-03-31	1,710,252	39,936,857	12,540,297,971	4.282%	7,332.43	314.00
2008-06-30	1,734,000	40,054,088	12,979,042,438	4.329%	7,485.03	324.04
2008-09-30	1,750,300	40,125,757	13,369,936,242	4.362%	7,638.65	333.20
2008-12-31	1,774,760	40,186,695	13,819,748,010	4.416%	7,786.83	343.89
2009-03-31	1,779,221	40,087,185	14,152,821,224	4.438%	7,954.50	353.05
2009-06-30	1,808,433	39,942,920	14,632,295,308	4.528%	8,091.15	366.33
2009-09-30	1,814,019	39,822,526	14,940,033,259	4.555%	8,235.87	375.17
2009-12-31	1,794,680	39,683,800	15,070,235,989	4.522%	8,397.17	379.76
2010-03-31	1,824,954	39,531,107	15,192,469,054	4.617%	8,324.85	384.32
2010-06-30	1,788,881	39,371,016	14,963,000,781	4.544%	8,364.45	380.05
2010-09-30	1,773,612	38,955,321	14,732,328,392	4.553%	8,306.40	378.19
2010-12-31	1,771,760	38,361,716	14,680,433,508	4.619%	8,285.79	382.68
2011-03-31	1,753,202	37,751,988	14,691,201,798	4.644%	8,379.64	389.15

ANNUALIZED EXPONENTIAL TREND

Data Points	Frequency	Severity	Pure Premium
Last 16 Qtrs	- 0.6%	+ 10.2%	+ 9.5%
Last 12 Qtrs	- 0.7%	+ 8.8%	+ 8.0%
Last 8 Qtrs	- 3.7%	+ 9.9%	+ 5.9%
Last 6 Qtrs	- 1.8%	+ 9.7%	+ 7.7%
Historical Selection			+ 4.0%
Prospective Selection			+ 4.0%

STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - FORMS 2 & 3
CALCULATION OF PERMISSIBLE LOSS & LAE RATIO TREND FACTOR
RENEWALS EFFECTIVE 10/15/2011

(1) Date of Last Rate Level Revision (Renewal Business):	3/17/2009
(2) Proposed Effective Date:	10/15/2011
(3) Average Effective Period Accident Date:	10/15/2012
(4) Number of Years Between (1) and (2), capped at 1.000:	1.000
(5) Selected Annual Trended Cost Factor:	4.0%
(6) Trend from First Dollar of Loss:	0.0%
(7) Implied Annual Premium Trend Factor (Sect. B, Ex. III, p1, (12)):	2.2%
(8) Permissible Loss & LAE Ratio Trend Factor: $[(1+(5)) * (1+(6)) / (1+(7))]^{(4)}$	1.018

**STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - ALL FORMS
RATE LEVEL HISTORY
RENEWALS EFFECTIVE 10/15/2011**

Ohio Casualty Insurance Company

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
3/23/2006	4.1%	0.0%	4.0%
7/1/2007	-0.6%	0.0%	-0.6%
1/25/2008	4.3%	-1.1%	4.1%
5/13/2008	-4.2%	0.0%	-4.1%
3/17/2009	9.9%	0.0%	9.4%

West American Insurance Company

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
3/23/2006	0.8%	-3.7%	0.7%
7/1/2007	3.2%	0.0%	3.1%
1/25/2008	0.8%	-2.1%	0.7%
5/13/2008	-5.1%	0.0%	-5.0%
3/17/2009	9.9%	0.0%	9.6%

American Fire and Casualty

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
3/23/2006	0.3%	0.0%	0.3%
7/1/2007	-0.8%	0.0%	-0.8%
1/25/2008	1.2%	-4.0%	1.2%
5/13/2008	-3.3%	0.0%	3.3%
3/17/2009	9.9%	0.0%	9.8%

SERFF Tracking Number: LBRM-127309917 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number:
 Company Tracking Number: 2011-AR-HOME-R-1295
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners (AFC/OC/WA)
 Project Name/Number: AR AFC/OC/WA HOM 10/2011 Rate Revision/2011-AR-HOME-R-1295

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/11/2011	Supporting Document	HPCS-Homeowners Premium Comparison Survey	08/15/2011	OC-WA-AFC_Home Premium Survey.pdf AFC_Home Premium Survey.xls OC_Home Premium Survey.xlsx (Superseded) WA_Home Premium Survey.xlsx (Superseded)
07/06/2011	Supporting Document	HPCS-Homeowners Premium Comparison Survey	08/11/2011	OC-WA-AFC_Home Premium Survey.pdf
08/01/2011	Supporting Document	Actuarial Memorandum	08/11/2011	AR 201110 Actuarial Memorandum-Homeowners.pdf (Superseded)

**State of Arkansas
Ohio Casualty Insurance Company/
West American Insurance Company/
American Fire & Casualty Insurance Company
Homeowners
Actuarial Memorandum**

Summary of Changes

We are proposing changes to our Arkansas Homeowners insurance program for West American Insurance Company, Ohio Casualty Insurance Company, and American Fire & Casualty Company. In order to achieve an overall rate level impact of 10.0% (see page 3), we are proposing to increase base rates by 10.3% uniformly across all territories for Owners Forms. The indicated rate change is 11.7% (see page 6). We are not changing the rate deviations that are currently in place for Ohio Casualty Insurance Company and American Fire & Casualty Company (see the table below).

	Forms	Form	Form
Company	2 & 3	4	6
Ohio Casualty Insurance Company	1.300	1.300	1.300
West American Insurance Company	1.000	1.000	1.000
American Fire & Casualty Company	0.900	N/A	0.900

These changes are proposed to be effective October 15, 2011 for renewal business.

Homeowners Impact Exhibits

<u>Exhibit Description</u>	<u>Page #</u>
Summary of Homeowners Changes	3
Owners Forms Base Rate Changes	4

**Ohio Casualty Insurance Company/ West American Insurance Company/
American Fire & Casualty Company
Arkansas Homeowners**

Overall

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	556,388	15,207	571,595
Earned Premium at Current Rates Dist.	97.3%	2.7%	
Base Rate Percentage Change	10.3%	0.0%	10.0%

Ohio Casualty Insurance Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	53,491	2,625	56,116
Earned Premium at Current Rates Dist.	95.3%	4.7%	
Base Rate Percentage Change	10.3%	0.0%	9.8%

West American Insurance Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	433,504	11,214	444,718
Earned Premium at Current Rates Dist.	97.5%	2.5%	
Base Rate Percentage Change	10.3%	0.0%	10.0%

American Fire & Casualty Company

Impact: Summary of Base Rate Change

Forms	Owners	Tenants	Overall
Earned Premium at Current Rates*	69,393	1,368	70,761
Earned Premium at Current Rates Dist.	98.1%	1.9%	
Base Rate Percentage Change	10.3%	0.0%	10.1%

*Earned Premium at Current Rates for the period 1/1/2010-12/31/2010 evaluated as of 3/31/2011

**Ohio Casualty Insurance Company/ West American Insurance Company/
American Fire & Casualty Company
Arkansas Homeowners**

Impact: Base Rate Change

Form	Current Base Rate	Proposed Base Rate	Impact
HO-2, HO-3	1,981	2,185	10.3%
HO-4	215	215	0.0%
HO-6	172	172	0.0%

Homeowners Indication Exhibits

<u>Exhibit Description</u>	<u>Page #</u>
Rate Level Indications – Owners Forms	6
Expense Summary	7
Premium Trend – Owners Forms	8
Loss Trend Calculation	9
ISO Fast Track Loss Trend Data	10
Calculation of Permissible Loss & LAE Ratio Trend Factor – Owners Forms	11
Rate Level History – All Forms	12

**STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - FORMS 2 & 3
RATE LEVEL INDICATIONS
RENEWALS EFFECTIVE 10/15/2011**

Calendar/Accident Twelve Months Ending	12/31/2006	12/31/2007	12/31/2008	12/31/2009	12/31/2010
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(27) Permissible Loss & LAE Ratio Trend Factor					1.018
(28) Trended Permissible Loss & LAE Ratio [(26)*(27)]					0.610
(29) Credibility [(Sum (21) / 80,000) ^0.5]					0.255
(30) Credibility-Weighted Projected Loss and LAE Ratio [(25)*(29) + (28)*(1-(29))]					0.669
(31) Indicated Rate Level Change [(30) / (26) - 1]					11.7%

**STATE OF ARKANSAS
OHIO CASUALTY INSURANCE COMPANY/WEST AMERICAN INSURANCE COMPANY/
AMERICAN FIRE AND CASUALTY COMPANY
HOMEOWNERS - FORMS 2 & 3
EXPENSE SUMMARY
RENEWALS EFFECTIVE 10/15/2011**

<u>Expense Item</u>	<u>Total</u>
(1) Commissions (a)	16.5%
(2) Other Acquisition & General Expenses (b & c)	9.6%
(4) Taxes, Licenses & Fees (d)	3.3%
(5) Expense Ratio	----- 29.7%
(6) Adjusted Profit & Contingencies (e)	10.4%
(7) Total Expenses (5) + (6)	40.1%

(a) Based on current commission schedule.

(b) Based on current underwriting expenses for Ohio Casualty Insurance Company, West American Insurance Company, and American Fire and Casualty Company.

(c) Based on current underwriting expenses for Ohio Casualty Insurance Company, West American Insurance Company, and American Fire and Casualty Company.

(d) State premium tax plus miscellaneous taxes, licenses, and fees.

(e) Based on projected combined ratio assuming a 12.0% internal rate of return.

STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - FORMS 2 & 3
PREMIUM TREND
RENEWALS EFFECTIVE 10/15/2011

Derivation of Premium Projection Factor:

(1) Twelve Months Ending	(2) Average Relativity Y	(3) X	(4) X ²	(5) XY
12/31/2006	1.669	-2	4	-3.338
12/31/2007	1.792	-1	1	-1.792
12/31/2008	1.888	0	0	0.000
12/31/2009	1.957	1	1	1.957
12/31/2010	2.057	2	4	4.114
	9.363	0	10	0.941

Linear Regression: $Y = BX + A$

(6) N = Number of Points =	5
(7) A = Mean of Fitted Line = $\Sigma Y / N =$	1.873
(8) B = Average Annual Increment = $\Sigma XY / \Sigma X^2 =$	0.094
(9) Average Annual Rate of Change = $B/A = (8) / (7) =$	5.0%
(10) Average Annual Rate of Change Tempered at 75% = $(9) * 0.75 =$	3.8%
(11) Boeckh Projected Premium Trend	2.2%
(12) Implied Annual Premium Trend = (11) =	2.2%
(13) Midpoint of Latest Year of Current Experience Period:	6/30/2010
(14) Proposed Effective Date:	10/15/2011
(15) Average Effective Period Accident Date:	10/15/2012
(16) Number of Years from (13) to (15):	2.294
(17) Premium Projection Factor = $(1 + (12))^{(16)} =$	1.052

The Average Relativity in column (2) is the average current AOI relativity weighted on the historical exposure distribution in the year of column (1).

The Premium Projection Factor for owner forms is a linear projection of the change in the Average Relativity -- tempered at 75% and averaged with the Boeckh projected premium trend -- from the midpoint of the latest year of the current experience period to the average accident date of the proposed effective period.

**STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - ALL FORMS
LOSS TREND CALCULATION
RENEWALS EFFECTIVE 10/15/2011**

Owner Forms (based on ISO's Fast Track data)

A) Selected Factors:

See page 8 of this exhibit for supporting detail regarding the fitted curves.

	Number of Historical Data Points				(1)	(2)
	16	12	8	6	Selected Annual Current Cost Factor	Selected Annual Trended Cost Factor
Frequency	- 0.6%	- 0.7%	- 3.7%	- 1.8%		
Severity	+ 10.2%	+ 8.8%	+ 9.9%	+ 9.7%		
Pure Premium	+ 9.5%	+ 8.0%	+ 5.9%	+ 7.7%	+ 4.0%	+ 4.0%

B) Current Cost Factors (CCF) by Accident Year

These factors trend historical losses to the trend evaluation date using (A1).

Twelve Months Ending	Current Cost Factor
12/31/2006	1.170
12/31/2007	1.125
12/31/2008	1.082
12/31/2009	1.040
12/31/2010	1.000

C) Calculation of Loss Projection Factor

This factor trends losses from 6/30/10 to the average accident date of the effective period for this rate change using (A2).

(1) Average accident date trended to by CCF:	6/30/2010
(2) Expected renewal effective date of rate change:	10/15/2011
(3) Homeowners policy term (months):	12
(4) Rates are assumed to be effective for (months):	12
(5) Average effective period accident date = (2) + [(3) + (4)]/2 =	10/15/2012
(6) Number of years between (1) and (5):	2.294
(7) Selected annual trended cost factor = (A2) =	4.0%
(8) Loss projection factor = [1 + (7)] ⁽⁶⁾ =	1.095

Tenant Forms (based on ISO's Fast Track data)

A) Selected Factors:

See page 9 of this exhibit for supporting detail regarding the fitted curves.

	Number of Historical Data Points				(1)	(2)
	16	12	8	6	Selected Annual Current Cost Factor	Selected Annual Trended Cost Factor
Frequency	+ 1.0%	+ 1.4%	+ 7.0%	+ 13.9%		
Severity	+ 1.6%	- 7.7%	- 5.5%	+ 0.6%		
Pure Premium	+ 2.6%	- 6.4%	+ 1.1%	+ 14.6%	+ 4.0%	+ 3.0%

B) Current Cost Factors (CCF) by Accident Year:

These factors trend historical losses to the trend evaluation date using (A1).

Twelve Months Ending	Current Cost Factor
12/31/2006	1.171
12/31/2007	1.126
12/31/2008	1.082
12/31/2009	1.040
12/31/2010	1.000

C) Calculation of Loss Projection Factor:

This factor trends losses from 6/30/10 to the average accident date of the effective period for this rate change using (A2).

(1) Average accident date trended to by CCF:	6/30/2010
(2) Expected renewal effective date of rate change:	10/15/2011
(3) Homeowners policy term (months):	12
(4) Rates are assumed to be effective for (months):	12
(5) Average effective period accident date = (2) + [(3) + (4)]/2 =	10/15/2012
(6) Number of years between (1) and (5):	2.294
(7) Selected annual trended cost factor = (A2) =	3.0%
(8) Loss projection factor = [1 + (7)] ⁽⁶⁾ =	1.071

**SAFECO PERSONAL LINES
REGULAR HOMEOWNERS TREND DATA
FAST TRACK INDUSTRY EX-CAT DATA THRU 2010-12-31
COUNTRYWIDE**

YEAR ENDING CLAIM COST AND FREQUENCY DATA

Year Ending	Paid Claims	Earned House Years	Capped Paid Losses	Claim Freq.	Claim Size	Pure Premium
2007-06-30	1,620,587	39,526,086	11,013,220,347	4.100%	6,795.82	278.63
2007-09-30	1,659,824	39,676,865	11,528,294,947	4.183%	6,945.49	290.55
2007-12-31	1,708,130	39,774,814	12,154,363,605	4.295%	7,115.60	305.58
2008-03-31	1,710,252	39,936,857	12,540,297,971	4.282%	7,332.43	314.00
2008-06-30	1,734,000	40,054,088	12,979,042,438	4.329%	7,485.03	324.04
2008-09-30	1,750,300	40,125,757	13,369,936,242	4.362%	7,638.65	333.20
2008-12-31	1,774,760	40,186,695	13,819,748,010	4.416%	7,786.83	343.89
2009-03-31	1,779,221	40,087,185	14,152,821,224	4.438%	7,954.50	353.05
2009-06-30	1,808,433	39,942,920	14,632,295,308	4.528%	8,091.15	366.33
2009-09-30	1,814,019	39,822,526	14,940,033,259	4.555%	8,235.87	375.17
2009-12-31	1,794,680	39,683,800	15,070,235,989	4.522%	8,397.17	379.76
2010-03-31	1,824,954	39,531,107	15,192,469,054	4.617%	8,324.85	384.32
2010-06-30	1,788,881	39,371,016	14,963,000,781	4.544%	8,364.45	380.05
2010-09-30	1,773,612	38,955,321	14,732,328,392	4.553%	8,306.40	378.19
2010-12-31	1,771,760	38,361,716	14,680,433,508	4.619%	8,285.79	382.68
2011-03-31	1,753,202	37,751,988	14,691,201,798	4.644%	8,379.64	389.15

ANNUALIZED EXPONENTIAL TREND

Data Points	Frequency	Severity	Pure Premium
Last 16 Qtrs	- 0.6%	+ 10.2%	+ 9.5%
Last 12 Qtrs	- 0.7%	+ 8.8%	+ 8.0%
Last 8 Qtrs	- 3.7%	+ 9.9%	+ 5.9%
Last 6 Qtrs	- 1.8%	+ 9.7%	+ 7.7%
Historical Selection			+ 4.0%
Prospective Selection			+ 4.0%

STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - FORMS 2 & 3
CALCULATION OF PERMISSIBLE LOSS & LAE RATIO TREND FACTOR
RENEWALS EFFECTIVE 10/15/2011

(1) Date of Last Rate Level Revision (Renewal Business):	3/17/2009
(2) Proposed Effective Date:	10/15/2011
(3) Average Effective Period Accident Date:	10/15/2012
(4) Number of Years Between (1) and (2), capped at 1.000:	1.000
(5) Selected Annual Trended Cost Factor:	4.0%
(6) Trend from First Dollar of Loss:	0.0%
(7) Implied Annual Premium Trend Factor (Sect. B, Ex. III, p1, (12)):	2.2%
(8) Permissible Loss & LAE Ratio Trend Factor: $[(1+(5)) * (1+(6)) / (1+(7))]^{(4)}$	1.018

**STATE OF ARKANSAS
OHIO CASUALTY, WEST AMERICAN, AND AMERICAN FIRE AND CASUALTY COMPANIES
HOMEOWNERS - ALL FORMS
RATE LEVEL HISTORY
RENEWALS EFFECTIVE 10/15/2011**

Ohio Casualty Insurance Company

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
3/23/2006	4.1%	0.0%	4.0%
7/1/2007	-0.6%	0.0%	-0.6%
1/25/2008	4.3%	-1.1%	4.1%
5/13/2008	-4.2%	0.0%	-4.1%
3/17/2009	9.9%	0.0%	9.4%

West American Insurance Company

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
3/23/2006	0.8%	-3.7%	0.7%
7/1/2007	3.2%	0.0%	3.1%
1/25/2008	0.8%	-2.1%	0.7%
5/13/2008	-5.1%	0.0%	-5.0%
3/17/2009	9.9%	0.0%	9.6%

American Fire and Casualty

Renewal Effective Date	Forms 2 & 3	Forms 4 & 6	Total
3/23/2006	0.3%	0.0%	0.3%
7/1/2007	-0.8%	0.0%	-0.8%
1/25/2008	1.2%	-4.0%	1.2%
5/13/2008	-3.3%	0.0%	3.3%
3/17/2009	9.9%	0.0%	9.8%